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REVOCATION OF PREVIOUS POWER OF ATTORNEY, APPOINTMENT OF NEW POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/800,240
	Filing Date	March 6, 2001
	First Named Inventor	Peter PEVELIGE
	Title	METHOD OF MONITORING HIV ASSEMBLY AND MATURATION
	Group Art Unit	1641
	Examiner Name	Unassigned
	Attorney Docket Number	057909-011000

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and appoint:

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☒ Assignee of record of the entire interest. A copy of an assignment from the inventor(s) of the patent application/patent identified above is attached.

SIGNATURE of Applicant or Assignee of Record

Name	Lucy C. Hicks, J.D.
Signature	
Date	10-22-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.